FORM D

SEC Mail Processing SEC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1 (0)11	
OMB_APPROVAL	OMB
OMB Number: 3235-0076	
Expires: September 31, 2008	
Estimated average burden hou	rs per
form16.00	•

S	EC USE ONLY	
Prefix	DATE RECEIVED	Serial

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

[D] [E]

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not Required to respond unless the form displays a currently valid OMB control number.

A	RASIC	IDENT	ICICA	TION	DATA
Δ.	KANII		IPIC A		11414

Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check box(es) that apply: []Promoter	[X]Beneficial Owner	[]Executive Officer	[]Director	[X]General and/or Managing Partner					
Full Name (Last Name first, if individual)									
Technology Operators Fund I GP, I	LLC								
Business or Residence Address (Number an	d Street, City, State, Zip Co	de)							
75 Fifth Street, Suite 422, Atlanta, C	GA, 30308								
Check box(es) that apply: []Promoter	[X]Beneficial Owner	[]Executive Officer	[]Director	[]General and/or Managing Partner					
Full Name (Last Name first, if individual)									
David Gould									
Business or Residence Address (Number an	d Street, City, State, Zip Co	de)							
1880 Durand Mill Road, Atlanta	, GA 30307								
Check box(es) that apply: []Promoter	[X]Beneficial Owner	[]Executive Officer	[]Director	[]General and/or Managing Partner					
Full Name (Last Name first, if individual)		•		"					
Said Mohammadioun									
Business or Residence Address (Number an	d Street, City, State, Zip Co	de)							
c/o Technology Operators Fund I G	P, LLC 75 Fifth Street	t, Suite 422, Atlanta, G	A, 30308						
Check box(es) that apply: []Promoter	[X]Beneficial Owner	[]Executive Officer	[]Director	[]General and/or Managing Partner					
Full Name (Last Name first, if individual)									
Thomas Noonan									
Business or Residence Address (Number an	d Street, City, State, Zip Co	de)							
3500 Riverly Road NW, Atlanta,	GA 30327								
Check box(es) that apply: []Promoter	[X]Beneficial Owner	[]Executive Officer	[]Director	[]General and/or Managing Partner					
Full Name (Last Name first, if individual)									
Mark A. Johnson									
Business or Residence Address (Number an		de)							
705 Henley Fields Circle, Duluth	, GA 30097								
Check box(es) that apply: []Promoter	[]Beneficial Owner	[]Executive Officer	[]Director	[]General and/or Managing Partner					
Full Name (Last Name first, if individual)									
Business or Residence Address (Number an	d Street, City, State, Zip Co	de)							

(Use blank sheet or copy and use additional copies of this sheet as necessary.)

					B. INFO	RMATIO	N ABOU	r offer	RING				
			e issuer inte endix, Colur				vestors in	this offeri	ng?			Yes []	No [X]
1. What	is the mini	mum inves	tment that	will be acc	epted fron	any indiv	idual?					\$200	0,000
												Yes []	No
remui perso	neration fo n or agent five (5) pe	or solicitation of a broke	on of purch r or dealer	asers in co registered	nnection with the S	with sales SEC and/or	of securiti	es in the	offering. es, list the	If a perse e name of	on to be l f the brok	ommission or isted is an ass er or dealer. ion for that br	sociated If more
N/A													
Full Nan	ne (Last na	me first, if	individual))			····						
Business	or Reside	nce Addres	ss (Number	and Street	, City, Star	te, Zip Coo	de)			 			
Name of	Associate	d Broker o	r Dealer										
States in	which per	son listed l	nas solicited	or intends	s to solicit	purchasers	5			<u> </u>			
(Ch l- 1	A 11 C4-41	hl. :		·						r 1 A	II Statas		
(Check " [AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	individual S [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[] A [GA] [MN] [OK] [WI]	II States [HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Nan	ne (Last na	me first, if	individual))									
Business	or Reside	nce Addres	ss (Number	and Street	, City, Sta	te, Zip Coo	de)						
Name of	Associate	d Broker o	r Dealer				-						.
States in	which per	son listed l	nas solicited	l or intends	s to solicit	purchasers	3						
(Check "	'All States'	or check i	individual S	States)		*************	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	[]A	Il States		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Nan	ne (Last na	me first, if	individual))									
Business	or Reside	nce Addres	ss (Number	and Street	, City, Sta	te, Zip Coo	de)			··			
Name of	Associate	d Broker o	r Dealer									<u> </u>	
States in	which per	son listed h	nas solicited	or intends	s to solicit	purchasers	3						
(Check "	'All States'	' or check i	individual S	States)						[] [II States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]	

C. OFFERING FRIED, NORMER OF INVESTORS, EAR ENGLISHED AND USE OF TROOP		
. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
[] Common [] Preferred		
Convertible Securities (including warrants)	s	\$
Partnership Interests	\$ \$18,400,000	\$ \$18,400,000
Other (Specify:)	\$	\$
Total	\$ \$18,400,000	\$ \$18,400,000
	<u> </u>	<u> </u>
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	21	\$ <u>\$18,400,000</u>
Non-accredited Investors	0	\$ <u>0</u>
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of Security	Dollar Amount
Type of Offering		Sold
Rule 505		\$
Regulation A		3
Rule 504		3
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	[]	\$
Printing and Engraving Costs	[1	\$
Legal Fees	[x]	\$100,000
Accounting Fees.	[]	\$
Engineering Fees	[]	\$
Sales Commissions (specify finders' fees separately)	[]	\$
Other Expenses (identify)	[]	\$
Total	[x]	\$100,000
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 18,300,000

C. OFFERING PRICE, NUMBER OF INVESTOR	S, EXPENSE	S AND USE C	F PRO	CEEDS		
5. Indicate below the amount of the adjusted gross proceeds to for each of the purposed shown. If the amount for any purp check the box to the left of the estimate. The total of the purpose proceeds to the issuer set forth in response to Part C -	oose is not kno payments listed	wn, furnish es I must equal th	timate a	nd		
gross proceeds to the issuer set for an invesponse to fair e	Question 4.0.	above.		Payments T Officers, Directors & Affiliates		Payments To Others
Salaries and fees			[]	\$	_ []	\$
Purchase of real estate	•••••	••••••••••	[]	\$	_ []	\$
Purchase, rental or leasing and installation of machinery and ed	quipment		[]	\$	_ []	\$
Construction or leasing of plant buildings and facilities			[]	\$	_ []	\$
Acquisition of other businesses (including the value of securit that may be used in exchange for the assets or securities of a merger)	nother issuer	pursuant to a	[]	\$	_ []	\$
Repayment of indebtedness			[]	\$	_ []	\$
Working capital			[]	\$	_ [X]	\$ 18,300,000
Other (specify)			[]	\$	_ []	\$
Column Totals			[]	\$	_ []	\$
Total Payments Listed (column totals added)						<u> </u>
ī). FEDERAL	SIGNATURI	<u> </u>			
The issuer has duly caused this notice to be signed by the unfollowing signature constitutes an undertaking by the issuer to f ts staff, the information furnished by the issuer to any non-accre	urnish to the U	S. Securities	and Exc	hange Commis	sion, upon v	er Rule 505, the written request of
Issuer (Print or Type) Signa	ture	<u> </u>]	Date	- 4
Technology Operators Fund I, L.P.	and M	1 hema	d-	_	2-13	-07
	of Signer (Prin	t or Type)		•		
	nager of Te General Par			s Fund I GP	, LLC,	
tne	General Pat	mer of the	ssuer			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

